Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047_ 8

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

	A F	or the	2008 calendar year, or tax year beginning and en	ding		
	B c	heck if oplicabl	Please use IRS		D Employer identific	cation number
		Addre	ss label of COT TOCEDUIC DEHABITIMAMION CENTED T	INC		
		Name	hine		14-1	536222
]Initial return	See Number and street (or P O box if mail is not delivered to street address) Roo	om/suite	E Telephone numbe	
		Termir	Specific Instruct 159 GLENWOOD DRIVE (P.O. BOX 470)		518-	891-3950
		Amend return	ded tions City or town, state or country, and ZIP + 4		G Gross receipts \$	6,931,154.
		Application pending	BARCHAC BARB, NI 12303		H(a) is this a group re	
		penan	F Name and address of principal officer:ROBERT ROSS		for affiliates?	Yes X No
			SAME AS C ABOVE		H(b) Are all affiliates inc	
	<u> </u>	ax-ex	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			list. (see instructions)
			organization X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	n number ► ¶ State of legal domicile NY
		rt I	Summary	L Year	or tormation 1971 N	State of legal domicile 141
	Т		Briefly describe the organization's mission or most significant activities. TO PRO	MOTE	HEALING AN	D RECOVERY
	Activities & Governance	•	FOR INDIVIDUALS AND THEIR FAMILIES SUFFERI	NG F	ROM THE ILL	NESS OF
	rna	2	Check this box If the organization discontinued its operations or disposed	d of more	than 25% of its assets	S.
	o e	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
	<u>ග</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
	es	5	Total number of employees (Part V, line 2a)		5	174
	Ž	6	Total number of volunteers (estimate if necessary)		6	24
	Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.
		b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			On the body on and are star (Dott VIIII) has the	-	Prior Year 956,801.	<u>Current Year</u> 984,731.
නු	Revenue		Contributions and grants (Part VIII, line 1h)		5,210,173.	5,932,652.
8	že		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		917.	1,968.
7 2009	æ		Other revenue (Part VIII, column (A), lines 5, 4, and 70) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	15,082.	11,803.
\ominus			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,182,973.	6,931,154.
DEC			Grants and similal and unterplate (Par) IX, column (A), lines 1-3)		· ·	
20			Benefits paid to or for members (Part IX, Falumn (A), line 4)			
	S		Salaries, other compensation employee pensits (Part IX, column (A), lines 5-10)		3,722,289.	4,547,960.
W	Šuš	16a	Professionalifundraising fees (Part IX, college (A), line 11e)	_		
SCANNED	Expenses		Total fundralising expenses (Part IX, column (D), line 25) 56,045	<u> </u>	0 410 060	0 040 600
S.			Other expenses (Feat Role of a man (A) Junes 11s 11d, 11f 24f)	-	2,418,062.	2,248,692.
8			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,140,351. 42,622.	6,796,652. 134,502.
		19	Revenue less expenses. Subtract line 18 from line 12			
	ance	20	Total assets (Part X, line 16)		Beginning of Year 2,244,350.	End of Year 1,973,833.
	Net Assets or Fund Balances		Total liabilities (Part X, line 16)	-	1,306,791.	866,040.
	캺		Net assets or fund balances. Subtract line 21 from line 20		937,559.	1,107,793.
		rt II	Signature Block			
			Under penalties of penury, I declare that I have examined this return, including accompanying schedules and st and complete. Declaration of preparer (other than officed to based on all information of which preparer has any I	tatements, a	and to the best of my knowled	ge and belief, it is true, correct,
			12/	_	1 16	lulas
	Sigr		Construe of office		Doto	118107
	Here	е	Signature of officer		Date	
			ROBERT ROSS, CEO			
			Data	Che	eck If Prepar	er's identifying number
	Paid		Preparer's signature /// // // // // // // // // // // // /	self		structions)
		arer's	Firm's name (or BONADTO & CO., T.T.P	. 0111	EIN >	
	Use	Unly	self-employed), 171 SULLY'S TRAIL, SUITE 201			
			address, and ZIP+4 PITTSFORD, NY 14534		Phone no ► (585) 381-1000
	May	the II	3S discuse this return with the preparer shown above? (see instructions)			Vos No

	990 (2008) ST. JOSEPH'S REHABILITATION CENTER, INC 14-1536222 Page 2
Pai	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission.
	TO PROMOTE HEALING AND RECOVERY FOR INDIVIDUALS AND THEIR FAMILIES
	SUFFERING FROM THE ILLNESS OF ALCOHOLISM AND CHEMICAL DEPENDENCY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
_	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
-	
4a	(Code:) (Expenses \$ 3,927,985. including grants of \$) (Revenue \$ 4,837,119.)
	INPATIENT PROGRAM PROVIDES MODERN TREATMENT FACILITIES FOR 46 MEN AND
	12 WOMEN WITH A DIAGNOSIS OF EITHER ALCOHOL OR CHEMICAL DEPENDENCY.
	UPON ADMISSION, EACH CLIENT IS ASSIGNED TO A MULTIDISCIPLINARY
	TREATMENT TEAM. WITHIN THE FIRST 72 HOURS OF ADMISSION, A COMPREHENSIVE
	BIOPSYCHOSOCIAL EVALUATION IS COMPLETED. THE EVALUATION SERVES AS THE
	FOUNDATION FOR AN INDIVIDUALIZED TREATMENT PLAN DEVELOPED TO SERVE THE
	NEEDS OF THE CLIENT. IN ADDITION TO INDIVIDUAL AND GROUP COUNSELING,
	PERSONAL ADJUSTMENT TRANSITION (PAT), INTENSIVE RELAPSE PREVENTION
	COUNSELING, AND SPIRITUAL COUNSELING, AFTER CARE PLANNING, RECREATION
	AND RELAXATION-TECHNIQUE ACTIVITIES, INPATIENT SERVICES ALSO INCLUDE A
	FAMILY COMPONENT FOR FAMILY AND SIGNIFICANT OTHERS. 19,252 DAYS OF
-	SERVICE PROVIDED.
4b	(Code:) (Expenses \$ 1,499,906. including grants of \$) (Revenue \$ 1,782,325.)
	OUTPATIENT CLINICS LOCATED IN MALONE, SARANAC LAKE, ELIZABETHTOWN, LAKE
	PLACID, AND TICONDEROGA, OFFERING ALCOHOL AND CHEMICAL DEPENDENCY
	SERVICES TO RESIDENTS OF THE NORTH COUNTRY OF UPSTATE NEW YORK.
	OUTPATIENT SERVICES ALLOW PEOPLE THE OPPORTUNITY TO RECOVER FROM
	ALCOHOLISM AND CHEMICAL DEPENDENCY WHILE REMAINING IN THEIR HOME
	COMMUNITIES. SERVICES AT THE CLINICS INCLUDE EVALUATIONS, INDIVIDUAL
	AND GROUP COUNSELING, RELAPSE PREVENTION, FAMILY, AND REFERRAL. 17,916
	VISITS PROVIDED.
4c	(Code:) (Expenses \$ 182,175 • including grants of \$) (Revenue \$ 171,251 •)
	COMMUNITY RESIDENCE PROVIDES TRANSITIONAL SERVICES FOR PATIENTS AFTER
	BEING DISCHARGED, TO HELP THEM TRANSITION BACK IN TO EVERYDAY LIFE.
	4,238 DAYS OF SERVICE PROVIDED.
	1/200 BRID OF BERVICE TROVIDED:
4d	Other program services. (Describe in Schedule O.)
-	(Expenses \$ 81,724. including grants of \$) (Revenue \$ 91,490.)
	Total program service expenses ▶\$ 5,691,790 . (Must equal Part IX, Line 25, column (B))
70	ividi program outride expenses p

	rt IV Checklist of Required Schedules	222		age <u>J</u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	Α
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	1		
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16_		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.		1	.,
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d or-	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			· ·
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			v
26	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00	Х	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	^	i

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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			į
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			ŀ
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization?			l
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			1
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		1	
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

tal. Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with making with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with making with making the payments of the payments to vendors and reportable gaming (gambling) with making with or within the year covered by this return 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary are rendring with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c. If Yes, * Index the filed a Form 950* For this year? if *No.* provide an explanation in Schedule O 3c. If Yes, * Index the name of the foregan country, *Seath in Francial Accounts. 3c. Was the organization a party to a prohibited tax shelter transaction of the return of the filed party of the foreganization that it was or as a party to a prohibited tax shelter transaction? 3c. If Yes, * Index party notify the organization that it was or as a party to a prohibited tax shelter transaction? 3c. If Yes, * Index party to the organization that it was or as a party to a prohibited tax shelter transaction? 3c. If Yes, * Index party to the organization that it was or as a party to a prohibited tax shelter transaction? 3c. If Yes, * Index party to a prohibition that twenty and the party to a prohibition or greater than the year transaction? 3c.		To the state of th		Yes	No						
U.S. Information Returns. Enter -0-f in d applicable Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fided for the calendar year ending with or within the year covered by this return 10	4.	Estay the number reported in Pay 2 of Form 1006. Annual Summers and Transmittal of		163	140						
b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with make your within the year covered by this return 174 If all least one is reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If Yes, 1 has if filed a Form 990-1 for this year? If You, 7 provide an explanation in Schedule O At any time of the sing or the search of the organization file all requires the search of the authority over, a financial account in a foreign country; where the name of the foreign country; which is the organization and filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts. If Yes, 1 question 5 are 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes, 1 question 5 are 5 b, did the organization that was or is a party to a prohibited tax shelter transaction? If Yes, 1 did the organization solicit any contributions that was receive deductible? Did the organization solicit any contributions that were not tax deductible? The solid the organization solicit any contributions under section 170(c). If Yes, 1 did the organization indiff the form 6886-1 Disclosure by Tax Exempt Entity Regarding Prohibited tax were not tax deductible organ	ıa	·									
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) withing the prize without provided to the calendar year ending with or within the year covered by this return 2 Einter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1 174 1 184 1	.	Old mid-matter and application									
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, 174 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 174 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 174 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 174 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 185 bit Yes, 'the sit filed a Form 90-1 for this year? If 'No,' provide an explanation in Schedule O 26 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 bit Yes,' sha it filed a Form 90-1 for this year? If 'No,' provide an explanation in Schedule O 26 bit Yes, and the foreign country 18 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 28 bit Yes, and counts in a party to a prohibited tax shelter transaction at any time during the tax year? 28 bit Yes, and the organization solicit any contributions that were not tax deductible? 28 bit Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 28 bit Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 28 bit Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 28 bit Yes, and the organization include with every solicitation and expression solicitation or form the same of the solicit per solicit per solicit per solicit per solicit pe											
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 174 184 185 185 186 186 187 188 188 189 189 189 189 189	٠										
files for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file this return (see instructions) Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? by If Yes, 1s at 1 filed a Form 990-71 for this year or IV No. "provide an explanation in Schedule 0 1b If Yes, 1s at 1 filed a Form 990-71 for this year or IV No. "provide an explanation in Schedule 0 1b If Yes, 2s at 1 filed a Form 990-71 for 1 file year or IV No. "provide an explanation in Schedule 0 1b If Yes, 2s at 1 filed a Form 990-71 filed tax sheller transaction at any time during the tax year? 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts. 1c If Yes, 1 for quantities of exceptions and filing requirements for Form 1D F 90-22.1. Report o	22										
b If at least one is reported on line 2a, did the organization file all required federal employment tax returms? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0 3b A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If "Yes," enter the name of the foreign country! ► See the instructions for exceptions and filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization be a file organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to question 5a or 5b, did the organization the Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," did the organization solicit any contributions that were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization notify the donor of the value of the goods or services provided? 5c If "Yes," did the organization rotify the donor of the value of the goods or services provided? 5c If the organization shall may receive deductible contributions under section 170(e). 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If "Yes," indicate the number of Forms 8282 filed	20	174									
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 10 Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross income from members or shareholders 11 Did 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	ŀ								
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 10 Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A 1 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>X</u>						
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b Did the organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a		, , , , , , , , , , , , , , , , , , , ,		l							
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a 12a											
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		<u> </u>	1								
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		· · · · · · · · · · · · · · · · · · ·			•						
· · · · · · · · · · · · · · · · · · ·	l2a		12a	1	Ì						
			 -								

Part VI Governance, Management, and Disclosure (Sections A, B, and C request Information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Х	
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		_X_
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		·	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	X	ļ
	Describe the process in Schedule O. (see instructions)]	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	16a	ļ	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18				
-	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e ior		
	public inspection. Indicate how you make these available. Check all that apply.	e ior		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
19	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a		ancial	
19	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	and fina		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	and fina		
19	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	and fina		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average hours	(cl	Position heck all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
EDWARD S. MUCENSKI CHAIR		х		Х				0.	0.	0.	
CHARLES SHARON											
SECRETARY		X		X				0.	0.	0.	
VINCENT CONNORS											
TREASURER		X		X				0.	0.	0.	
DR. ALFRED HARTMANN										,	
BOARD MEMBER		X	L				<u> </u>	0.	0.	0.	
PETER R. RIANI		ļ							_	_	
VICE CHAIR		X		Х				0.	0.	0.	
DR. FRANCIS VARGA										_	
BOARD MEMBER		X	ļ		ļ	ļ		0.	0.	0.	
ELLEN MAROUN		.,								•	
BOARD MEMBER ROGER GOREVIC		X		<u> </u>		_		0.	0.	0.	
BOARD MEMBER		х						0.	0.	0.	
BOB REISS		Λ					-	<u> </u>	<u> </u>	· ·	
BOARD MEMBER		х						0.	0.	0.	
SHERRIE GILLETTE		1			-			•	<u> </u>		
BOARD MEMBER		х						0.	ο.	0.	
PATRICK FACTEAU											
BOARD MEMBER		X						0.	0.	0.	
STEVE DEMARTINO											
BOARD MEMBER		Х						0.	0.	0.	
ROBERT ROSS										-	
PRESIDENT/CHIEF EXECUTIV	40.00			X				123,874.	0.	18,639.	
JOHN MILLS											
CHIEF FINANCIAL OFFICER	40.00	_	ļ	Х				65,575.	0.	0.	
					<u> </u>						

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable			
	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		<u>X</u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A) Name and business address	(B) Description of services	(C) Compensation
JANE MAXWELL, M.D. P.O. BOX 409, SARANAC LAKE, NY 12983	PSYCHIATRIST	130,525
2 Total number of independent contractors (including those in 1) who receive from the organization ▶ 1	ved more than \$100,000 in compensation	

ra	rt VIII	Statement of Rever	iue	······································	(6)	(D)	(C)	(D)
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	10 160				
am,	С	Fundraising events	1c	19,169.				
e i		Related organizations	1d	000 000				
Sim		Government grants (contribut	· —	883,252.				
iệ ệi	f	All other contributions, gifts, gran		82,310.				
를	_	similar amounts not included abo		02,310.				
등등	•	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$		984,731.			
- 		Total. Add lines 1a-11	-	Business Code				
0	2 a	INPATIENT REHAB	ILITATI		4,807,831.	4,807,831.		
Program Service Revenue		OUTPATIENT REHA		621400		940,654.		
Se	c	COMMUNITY RESID	ENCE	624100	125,111.	125,111.		
am eve	d	EDUCATION		624100	57,776.			
<u>6</u>	е	OTHER PROGRAMS		624100	1,280.	1,280.		
ا ته	f	All other program service reve	enue					
\rightarrow	g	Total. Add lines 2a-2f	,	<u> </u>	5,932,652.			
	3	Investment income (including	dividends, inter-		1 060			1 060
		other similar amounts)			1,968.			1,968
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	() D	63 5				-
		Cross Boots	(i) Real	(ii) Personal				
	6 a	Gross Rents Less. rental expenses						
	b	Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>	†	[
	_	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(I) Goodinios	(1) 0(1)01				
	b	Less: cost or other basis]			
ļ		and sales expenses						
	С	Gain or (loss)]			
		Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$	-					
ě		contributions reported on line	1c). See					
e.		Part IV, line 18	a					
된		Less: direct expenses	b	·[_			
-		Net income or (loss) from fund	-	<u> </u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a		1			
		Less: direct expenses	b Dan octuution	·	1	1		-
		Net income or (loss) from gard	_					
	iv a	Gross sales of inventory, less and allowances	returns					
	b	Less: cost of goods sold	a b		1			
		Net income or (loss) from sale	_		1	1		
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a	AMILED THOUSE		900099	10,750.			
	b	INCOME FROM INV	ESTMENT	900099	1,053.			
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	11,803.			1 060
	12 19 -09	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	6,931,154.	5,944,45 5.	0	1,968

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u> </u>			expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the US See Part IV, line 22				······································
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·····
5	Compensation of current officers, directors,	200 000		200 000	
	trustees, and key employees	208,088.		208,088.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 522 072	2 120 770	200 100	22 004
7	Other salaries and wages	3,533,873.	3,129,779.	380,190.	23,904.
8	Pension plan contributions (include section 401(k)	0 101	4 000	2 247	115
_	and section 403(b) employer contributions)	8,191. 797,808.	4,829. 641,061.	3,247. 150,704.	115. 6,043.
9	Other employee benefits	797,808.	641,061.	150,704.	6,043.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		+		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	+			
f	Investment management fees	F.C. 207		F.C. 207	
9	Other	56,297.		56,297.	
12	Advertising and promotion	605 200	572 260	00 007	24 004
13	Office expenses	685,380.	572,369.	88,207.	24,804.
14	Information technology				
15	Royalties	202 504	214 216	0 270	
16	Occupancy	322,594.	314,216.	8,378.	0.47
17	Travel	75,520.	45,288.	29,285.	947.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	67.754	41 204	26 150	222
19	Conferences, conventions, and meetings	67,754.	41,384.	26,150.	220.
20	Interest	13,927.	3,839.	10,088.	
21	Payments to affiliates	105 010	00.004	21 015	
22	Depreciation, depletion, and amortization	125,019.	93,204.	31,815.	
23	Insurance	64,112.	57,418.	6,694.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			+	
	CONTRACTED SERVICES	325,954.	281,959.	43,995.	
b	BAD DEBT	235,286.	235,286.	0.	0.
С	FOOD	227,746.	227,059.	675.	12.
d	MINOR EQUIPMENT	49,103.	44,099.	5,004.	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,796,652.	5,691,790.	1,048,817.	56,045
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form	990 (ST. JOSEPH'S R	REHA	BILITATION CE	NTER, INC	14-	1536222 Page 1
	τX	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	440,989	-	492,258		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		-	1 041 144	3	600 670
	4	Accounts receivable, net		-	1,041,144	• 4	682,679
	5	Receivables from current and former officers, di		•		l	
		employees, or other related parties. Complete P		, , , , , , , , , , , , , , , , , , ,		5	
	6	Receivables from other disqualified persons (as		i i			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
	_	Part II of Schedule L		-		6	
Assets	7	Notes and loans receivable, net		-		7	
Ass	8	Inventories for sale or use		-	35,904	8	69,264
-	9	Prepaid expenses and deferred charges	. مد ا	2 471 942	33,904	• 9	09,204
	10a		10a	2,471,842.			
		Less: accumulated depreciation. Complete Part VI of Schedule D	10b	1,784,987.	722,339	- 10c	686,855
	11	Investments - publicly traded securities	LIUB	1,704,707.	3,974	• 100	5,088
	12	Investments - other securities. See Part IV, line	11	-	3/3/4	12	3,000
	13	Investments - program-related. See Part IV, line		-		13	
	14	Intangible assets	• •			14	
	15	Other assets. See Part IV, line 11				15	37,689
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	2,244,350		1,973,833
	17	Accounts payable and accrued expenses	983,767		462,984		
	18	Grants payable		18	•		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
S	21	Escrow account liability. Complete Part IV of Sc	hedule	: D		21	
Liabilities	22	Payables to current and former officers, director	rs, trus	tees, key employees,			
jab		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties	323,024	• 23	243,924
	24	Unsecured notes and loans payable				24	
	25	Other liabilities. Complete Part X of Schedule D	-		0		159,132
	26	Total liabilities. Add lines 17 through 25		[12]	1,306,791	- 26	866,040
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
Ses	0.7	lines 27 through 29, and lines 33 and 34.			563,472		750 672
lan	27	Unrestricted net assets			354,682		759,673 328,715
Ba	28 29	Temporarily restricted net assets			19,405		19,405
Š	29	Permanently restricted net assets Organizations that do not follow SFAS 117, cl	book b	nere and	17,403	• 29	17,403
ř		complete lines 30 through 34.	IICCK I	iele P allu			
ts	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed	nuiome	ent fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32		
ž	33	Total net assets or fund balances	937,559	- 33	1,107,793		
	34	Total liabilities and net assets/fund balances		2,244,350		1,107,793 1,973,833	
Pai	t XI						
							Yes No
1		ounting method used to prepare the Form 990:		ash X Accrual	Other		
2a		the organization's financial statements compiled			accountant?		2a X
		the organization's financial statements audited b	-				2b X
C	ıı "Ye	es" to lines 2a or 2b, does the organization have a	a comr	nittee that assumes respon	SIDILITY for oversight of t	ne audit	1 1 1

1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name of the organization

Employer identification number 14-1536222

		ST. JOS	EPH'S REHABI	LITAT	ION C	ENTER	, INC		14	4-1536222
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st complet	te this par	t) (see ins	tructions)		
The orga	nization is not	a private foundation	because it is: (Please ch	neck only o	ne organi	zation.)				
1 🗔	A church, co	nvention of churche	s, or association of chui	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach So	hedule E.)						
3 X	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii) . (At	tach Sche	dule H.)	
4	A medical re	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital's name,
	city, and stat	te								
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	An organizat	ion that normally rec	erves: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross receipts from
	activities rela	ated to its exempt fui	nctions - subject to cert	aın exceptı	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon a	after June 30, 1975.
	See section	509(a)(2). (Complete	the Part III.)							
10	An organizat	ion organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectic	n 509(a)(4	1). (see ins	tructions)
11 🖳	An organizat	ion organized and o	perated exclusively for t	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one or
	more publich	y supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509(a)(3). Che	eck the box that
			organization and comp							-
	, a ∟ ⊥ Type			с 📖 Тур		•	-		d	Type III - Other
e	By checking	this box, I certify that	it the organization is not	t controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons other than
	foundation n	nanagers and other t	han one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).
f	If the organiz	ration received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		r
	supporting o	rganization, check th	nis box							
9			organization accepted a			•				<u></u>
			irectly controls, either a	lone or tog	ether with	persons o	described	ın (II) and ((iii) below,	
	_	- •	upported organization?							11g(i)
		•	n described in (i) above?		_	•				11g(ii)
			person described in (i)						-	11g(iii)
h	Provide the f	ollowing information	about the organizations	s the organ	ization su	oports.				
		1	(iii) Type of	(: .) I - 45		43 54				
	e of supported	(ii) EIN	organization		organization sted in your			(vi) is organizati	on in col	(vii) Amount of
or	ganization]	(described on lines 1-9		document?		r support?	(i) organiz U S	ed in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
			(000 mondonono)							
		-							 	•
					_					
				<u> </u>						
			· · · · · · · · · · · · · · · · · · ·		ļ					
Total										

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

PE	Support Schedule for (Complete only if you checke				(D)(1)(A)(IV) an	ia 170(b)(1)(A)(i	/1)
Sec	ction A. Public Support		-, ., 0, 0 0, 1 0, (1.)	<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(6) 2003	(6) 2000	(0) 2007	(6) 2000	tij Totai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		<u> </u>	† <u> </u>			
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·		
	furnished by a governmental unit to						
	the organization without charge			•			
4	Total. Add lines 1 · 3		 				
5	The portion of total contributions						
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public Support. Subtract line 5 from line 4						-39
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					İ	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization	s first, second, the	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
<u></u>	organization, check this box and sto				-	·····	▶∐
	ction C. Computation of Publ					T I	
	Public support percentage for 2008 (column (f))		14	%
15	Public support percentage from 2007					15	
16a	33 1/3% support test - 2008. If the	-			14 is 33 1/3% or	more, check this be	
	stop here. The organization qualifies	, , , ,	-				▶∟
D	33 1/3% support test - 2007. If the	•			d line 15 is 33 1/39	% or more, check to	nis box
	and stop here. The organization qua	• •			- 40 40 40		▶∟
1/8	10% -facts-and-circumstances tes		=				
	and if the organization meets the "fac				•	art IV how the orga	nization
	meets the "facts-and-circumstances"	=	· ·		-		100(-
t	10% -facts-and-circumstances tes		=				
	more, and if the organization meets t				•		•
10	organization meets the 'facts-and-cir		-	•			┇
10	Private foundation. If the organization	лі ою пот спеск а	DOX OIL IIIIE 13, 10	oa, 100, 178, 01 17			
					ocn	iedule A (Form 990	, or 990-E4) 2000

Pa	edule A (Form 990 or 990-EZ) 2008 Let III Support Schedule for C	Organizations	Described in	Section 509(a)	(2) (Complete onl	y If you checked the bo	Page 3 ox on line 9 of Part 1)
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			[
	iness under section 513						1
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to					j	
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to		į				
	the organization without charge					1	
e	Total. Add lines 1 - 5						
10	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received					-	
	of Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	dividends, payments received on securities loans, rents, royalties						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
c	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11 12	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital.						
11 12 13	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
11 12 13	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12)	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax year as a sect	non 501(c)(3) organiz	zation,
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	ic Support Pe	ercentage		ax year as a sect	ion 501(c)(3) organiz	zation,
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	ic Support Pe	ercentage livided by line 13,		ax year as a sect		▶ □
11 12 13 14 Sec 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Publi	ic Support Pe line 8, column (f) c ' Schedule A, Parl	ercentage divided by line 13, tV-A, line 27g	column (f))	ax year as a sect	15	▶ □
11 12 13 14 Sec 15 16 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2007)	ic Support Pe Ine 8, column (f) c 'Schedule A, Part stment Incom	ercentage divided by line 13, t IV-A, line 27g ne Percentage	column (f))	ax year as a sect	15	▶ □
11 12 13 14 Sec 15 16 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Invection C. Computation of Invection C. Computation of Invection D. Computation D. Computat	ic Support Pe line 8, column (f) o Schedule A, Part stment Incom	ercentage divided by line 13, t IV-A, line 27g lie Percentage mn (f) divided by li	column (f)) ne 13, column (f))	ax year as a sect	15 16	▶
11 12 13 14 <u>See</u> 15 16 <u>See</u> 17	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage from 2007 investment income 2007 investment investment investment investment inv	ic Support Pe line 8, column (f) o Schedule A, Part stment Incom 108 (line 10c, colui 2007 Schedule A,	ercentage divided by line 13, t IV-A, line 27g de Percentage mn (f) divided by li Part IV-A, line 27h	column (f)) ne 13, column (f))		15 16 17 18	▶ □
11 12 13 14 <u>See</u> 15 16 <u>See</u> 17	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here contained from 2007. Ction D. Computation of Investment income percentage from 2007. Investment income percentage from 2008. If the add 1/3% support tests - 2008. If the	ic Support Pe line 8, column (f) o 'Schedule A, Part strnent Incom 108 (line 10c, colu 2007 Schedule A, organization did r	ercentage divided by line 13, t IV-A, line 27g e Percentage mn (f) divided by li Part IV-A, line 27h not check the box	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, and line	▶ □
11 12 13 14 15 16 Sec 17 18 19a	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here cition C. Computation of Public support percentage from 2007 cition D. Computation of Invelinvestment income percentage from 2007 investment income percentage from 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box and stop tests - 2008.	ic Support Perline 8, column (f) of Schedule A, Part Street Incom 1008 (line 10c, column 2007 Schedule A, organization did ind stop here. The	ercentage divided by line 13, t IV-A, line 27g te Percentage mn (f) divided by line Part IV-A, line 27h not check the box te organization qua	ne 13, column (f)) on line 14, and line	e 15 is more than supported organ	15 16 17 18 133 1/3%, and line	% % % %
11 12 13 14 15 16 Sec 17 18 19a	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage from 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box as 33 1/3% support tests - 2007. If the	ic Support Pe line 8, column (f) of Schedule A, Part stment Incom 108 (line 10c, colui 2007 Schedule A, organization did in organization did in	ercentage divided by line 13, t IV-A, line 27g e Percentage mn (f) divided by line 27h not check the box e organization quant	ne 13, column (f)) on line 14, and line lifies as a publicly s	e 15 is more than supported organ a, and line 16 is r	15 16 17 18 1 33 1/3%, and line ization nore than 33 1/3%,	% % % 17 is not ▶ □
11 12 13 14 15 16 Sec 17 18 19a	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage from 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box as 33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, check	ic Support Pelline 8, column (f) of Schedule A, Part Street Incom 108 (line 10c, column 2007 Schedule A, organization did in the stop here. The organization did reck this box and stop second 10 minus 1	ercentage divided by line 13, tiv-A, line 27g ee Percentage mn (f) divided by line 27h not check the box e organization quainot check a box on top here. The org	column (f)) ne 13, column (f)) on line 14, and line lifies as a publicly so	e 15 is more than supported organ a, and line 16 is r as a publicly sup	15 16 17 18 33 1/3%, and line ization nore than 33 1/3%, ported organization	% % % 17 is not ▶ □

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

ST. JOSEPH'S REHABILITATION CENTER, INC

Employer identification number 14-1536222

Schedule D (Form 990) 2008

Pa	organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be used	d only
F	for charitable purposes and not for the benefit of the donor of		
Pa	Till Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	√, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of certified his	storic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conserva	ition easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
ď	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	·	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, and	Yes No
6	enforcement of the conservation easements it holds?	and enforcing engagests during the year	Yes No
7	Staff or volunteer hours devoted to monitoring, inspecting, a Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(h)(4)	Yes No
9	In Part XIV, describe how the organization reports conservat	Ion easements in its revenue and expense stat	
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		mganization o accounting to
Pai	till Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
			· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and balanc	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance sh	neet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service, pro	ovide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	dule D (Form 990) 2008 ST. JOS	EPH'S REHA	BILI	TATION	CENTE	R, II	NC :	14-15	36222	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tre	easures, d	or Othe	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's accession and other	r records, check any	of the f	following tha	t are a signif	icant use	of its coll	ection ite	ms (check	ali
	that apply):									
а	Public exhibition	d	· 🖳	Loan or excl	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations	-								
4	Provide a description of the organization's co	ollections and explai	n how th	hey further th	ne organizati	on's exe	mpt purpo	se in Par	XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, h	stoncal treas	sures, or oth	er sımılaı	assets			
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	nization's co	ollection?				Yes	No_
Par	Trust, Escrow and Custodia	Arrangements	. Comp	lete if organi	zation answe	ered "Yes	s" to Form	990, Par	t IV, line 9,	or
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
	-		_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d		·	
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIV								_	
Par			ered "Ye	es" to Form 9	90, Part IV, I	ine 10.				
		(a) Current year		Prior year	(c) Two year		(d) Three y	ears back	(e) Four v	ears back
1a	Beginning of year balance	19,405.							~~ \~~	
b	Contributions	• • • • • • • • • • • • • • • • • • • •			******************				***************************************	······
C	Investment earnings or losses			***************************************			***************************************	***************************************	***************************************	
ď	Grants or scholarships									***************************************
	Other expenditures for facilities		••••				***************************************	***************************************		
·	and programs									
f	Administrative expenses	,					***************************************	•••••	 	······································
9	End of year balance	19,405.					***************************************			
2	Provide the estimated percentage of the year				í		, . ,			
a	Board designated or quasi-endowment	i end balance neid e	.s. %							
b	Permanent endowment ► 100.00	%	_70							
	Are there endowment funds not in the posse	• •	ation the	at are held a	nd administs	red for t	he organiz	ration		
Va	by:	ssion of the organiza	auon un	al ale lielu a	nu auministe	ered for t	ne organiz	allon	L.	res No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations									X
h	If "Yes" to 3a(ii), are the related organizations	a listad on required o	n Saha	dulo D2					3a(ii) 3b	—
4	Describe in Part XIV the intended uses of the	•							30	
Par					Part X line	10				
<u> </u>	**************************************	(a) Cost or o		T			lonroniotio		/d\ Daak	·
	Description of investment	basis (investr			or other (other)	(C) D	epreciatio	"	(d) Book	value
10	Land	2000 (11146311		100013	(-1101)					
	Land			82	6,296.		341,30	00	ΛΩΛ	,996.
	Buildings			<u> </u>	0,200.		2 T T , 3	-	404	, , , , 0 .
	Leasehold improvements			1 64	5,546.	1 7	443,6	87	201	,859.
	Equipment			1,04	J, J40.	<u> </u>	143,0	' 	201	,037.
	Other	000 C V 1	100 m (D)	lene 10/=\ \					696	,855.
rotal	<u>. Add lines 1a-1e. (Column (d) should equal Fe</u>	<u>лии 990, Рап X, сою</u>	unn (5) ,	ime ru(c))					000	,000.

Schedule D (Form 990) 2008

INC

under FIN 48. 832053 12-23-08

	dule D (Form 990) 2008 ST. JOSEPH'S REHABILITATION		INC		<u>-15</u>	<u> 36222</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to I	Financial Sta	atement	ts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			6,931,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			6,796,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3				502.
4	Net unrealized gains (losses) on investments		4				-904.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7			36	,636.
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add lines 4-8		9			35	732.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	-		170	,234.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its With Rev	enue pe	er Retu			
1	Total revenue, gains, and other support per audited financial statements			1		6,930,	<u>,250.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	-90	4.			
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d			2	e		<u>-904.</u>
3	Subtract line 2e from line 1			3		6,931,	,154.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					•	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
c	Add lines 4a and 4b			4	c]		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5		6,931	,154.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	penses				<u>-</u>
1	Total expenses and losses per audited financial statements			1		6,760	,016.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
ь	Prior year adjustments		36,63	6.			
С	Losses reported on Form 990, Part IX, line 25	2c	•		1		
d	Other (Describe in Part XIV)	2d					
	Add lines 2a through 2d			7 2	e 1	-36	636.
3	Subtract line 2e from line 1			3		-36, 6,796,	652
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b		\dashv			
c	Add lines 4a and 4b		-	4	.		0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5		6,796	
	t XIV Supplemental Information					,	
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4·	Part IV. lin	es 1b a	nd 2b:	Part V. line	4: Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			a	,	,	.,
	TY, LINE 4: ENDOWMENT FUNDS ARE RESTRICTE	D BY DON	ORS 1	O BE	C		
MAI	NTAINED IN PERPETUITY. THE INCOME FROM THE	SE RESOU	RCES	IS A	VAI	LABLE	FOR
<u>G</u> EN	ERAL OPERATING PURPOSES.						
_							
PAR	T X: IN JUNE 2006, THE FINANCIAL ACCOUNTIN	G STANDA	RDS E	BOARI)		
. —							
(FA	SB) ISSUED INTERPRETATION NO. 48, ACCOUNTI	NG FOR U	NCERI	'AIN'	Y I	N INC	OME
ጠአህ	EC AN INMEDIDENAMION OF TACK COMMENCES	100	3000	13177 T.		OD 737	20145
TAX	ES - AN INTERPRETATION OF FASB STATEMENT N	0. 109,	ACCOL	ILLUI	IG F	OR IN	COME
TAX	ES (FIN 48). THIS INTERPRETATION ADDRESSE	יים שטה אי	יתקים	יר חח און או	ONT	∩E'	
100	ES (FIN 48). THIS INTERPRETATION ADDRESSE	S IRE DE	TEKRI				900 2000
				3 C	reaule	D (Form 9	200 ZUU

12-23-08

Schedule D (Form 990) 2008 ST. JOSEPH'S REHABILITATION CENTER, INC 14-1536222 Page 5 Part XIV Supplemental Information (continued)
WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN
SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER FIN 48, THE
ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION
ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED
ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF
THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS
FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT
HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE
SETTLEMENT. FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION,
CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, ACCOUNTING IN
INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURES.
IN ACCORDANCE WITH FASB STAFF POSITION FIN 48-3, THE ORGANIZATION HAS
ELECTED TO DEFER THE APPLICATION OF FIN 48 TO 2009. THE ORGANIZATION'S
CURRENT ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS IN
ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES RELATED TO
ACCOUNTING FOR CONTINGENCIES. THE ORGANIZATION IS CURRENTLY EVALUATING
THE IMPACT OF ADOPTING THE PROVISIONS OF FIN 48.

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008 Open To Public Inspection

Internal Revenue Service

Employer identification number

Name of t	ne organization ST .	JOSEP	H'S R	EHABILI	TATIO	N CEN	TER, I	NC		Employer L4−15			umber
Part 1	Excess Benefit							_	1				
	To be completed by	organization	s that ansv	vered "Yes" o	n Form 99	0, Part IV,	line 25a or 2	25b, or F	orm 99	<u>0-EZ, P</u> a	rt V, line	40b	- <u></u> -
1	(a) Name of disc	nualified ner	son			(b) [Description of	of transa	ction			(c) Corr	rected?
	(a) Name of also											Yes	No
													
2 Enter	the amount of tax impo	sed on the	organizatio	n managers o	r disqualifi	ed person	s during the	year un	der				<u> </u>
section	on 4958									▶ \$			
3 Enter	the amount of tax, if an	y, on line 2,	above, reir	nbursed by th	ne organiza	tion				▶ \$			
Part II	Loans to and/or	From Int	arastad	Parsons									
1.50 (1)	To be completed by				n Form 99	0 Part IV	line 26 or F	orm QQ(-F7 Ps	art V line	382		
(a) N	lame of interested		to or from	(c) Original			ance due		in	(f) App	oroved	(g) W	'ritten
pers	son and purpose	the orga	nization?	amo		(-7		Yes No			by board or committee?		ment?
		То	From		100					Yes	No	Yes	No
ROBER'	T ROSS - ADV		Х	9	,139.		4,515.		X		X	X	
				-								ļ <u>.</u>	
										+			
										1			
Total					▶ \$		4,515.						
Part III	Grants or Assis	tance Bei	nefiting	Interested	Persons	S.							
	To be completed by		s that ansv										
•	(a) Name of interested p	person		(b) Relation		en interes ganization		and		(c) Amo	unt of gr f assista		pe
	-10												
·				-··					+				
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							 				
Part IV	Business Trans	actions Ir	volving	Interested	l Person	s.	-						
	To be completed by	organization	s that ansy	vered "Yes" o	n Form 99	0, Part IV,	lines 28a, 2	8b, or 28	Bc.				
((a) Name of interested p	person	(b)	Relationship person and t			(c) Amo transa		(d)	Descript transact		organiz	aring of zation's nues?
·/>												Yes_	No
		ENTER		SINESS						E CHI			X
HELM,	INC.		BO	SINESS	OWNED	вх С	36	, 120	•KEI	NTAL	OF F	<u> </u>	Х
	<u> </u>						-		+				
				·	··						••		
LHA For I	Privacy Act and Paper	work Reduc	tion Act N	otice, see th	e Instructi	ons for F	orm 990.		Schedu	le L (For	m 990 c	r 990-E	Z) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Employer identification number ST. JOSEPH'S REHABILITATION CENTER, 14-1536222 INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ALCOHOLISM AND CHEMICAL DEPENDENCY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION EXPENSES \$ 27240. INCLUDING GRANTS OF \$ 0. REVENUE \$ 57776. VARIOUS OTHER PROGRAMS TO SUPPORT THE NEEDS OF PEOPLE SUFFERING FROM DRUG AND ALCOHOL ADDICTIONS, AND THEIR FAMILIES. EXPENSES \$ 54484. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 33714.** FORM 990, PART VI, SECTION A, LINE 3: JOHN MILLS WAS HIRED AS AN INDPENDENT CONTRACTOR, THROUGH MALONE BUSINESS CENTER, TO BE THE CHIEF FINANCIAL OFFICER FOR A PORTION OF 2008. FORM 990, PART VI, SECTION A, LINE 4: ON DECEMBER 31, 2008 THE ORGANIZATION SEPARATED FROM THE FRIARS OF THE ATONEMENT, INC. AND ARE NOW SOLELY CONTROLLED BY THE ORGANIZATIONS BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: UNTIL DECEMBER 31, 2008 THE DECISIONS OF THE BOARD OF DIRECTORS HAD TO BE APPROVED BY THE FRIARS OF THE ATONEMENT, INC. FORM 990, PART VI, SECTION A, LINE 8B: IN 2009 THE FINANCE COMMITTEE STARTED CONTEMPORANEOUSLY DOCUMENTING THE MEETING HELD AND WRITTEN ACTIONS TAKEN.

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

ST. JOSEPH'S REHABILITATION CENTER, INC

Employer identification number 14-1536222

FORM 990, PART VI, SECTION A, LINE 10: A PROCESS IS NOW IN PLACE FOR THE BOARD TO REVIEW FORM 990 PRIOR TO FILING, STARTING WITH THE 2009 RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND KEY MANAGEMENT EMPLOYEES ARE REOUIRED TO COMPLETE CONFLICT OF INTEREST STATEMENTS. FORM 990, PART VI, SECTION B, LINE 15: HUMAN RESOURCE DEPARTMENT COMPILES COMPARABILITY DATA OF THE EXECUTIVE DIRECTORS SALARY. WHICH IS THEN PRESENTED TO THE BOARD FOR THEIR REVIEW AND APPROVAL. FOR MEMBERS OF THE EXECUTIVE TEAM, THE HUMAN RESOURCE DEPARTMENT COMPILES COMPARABILITY DATA ON AN ANNUAL BASIS. FOR SPECIFIC POSITION, (INPATIENT DIRECTOR, OUTPATIENT DIRECTOR, QI DIRECTOR, DEVELOPMENT DIRECTOR, AND EXECUTIVE ASSISTANT) THIS INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE WHICH MAKES RECOMMENDATIONS TO THE EXECUTIVE DIRECTOR, WHO MAKES THE FINAL DECISION. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY THE ORGANIZATION FILES INFORMATION WITH DUNN AND BRADSTREET.

AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITORS.

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

ST. JOSEPH'S REHABILITATION CENTER, INC.

Employer identification number 14-1536222

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: ROBERT ROSS
(A) PURPOSE OF LOAN: ADVANCE/COMPUTER PURCHASE
(B) LOAN TO OR FROM ORGANIZATION? = FROM
(C) ORIGINAL PRINCIPAL AMOUNT \$ 9139. (D) BALANCE DUE \$ 4515.
(E) LOAN IN DEFAULT? = NO
(F) APPROVED BY BOARD OR COMMITTEE? = NO
(G) WRITTEN AGREEMENT? = YES
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: MALONE BUSINESS CENTER
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BUSINESS OWNED BY CHIEF FINANCIAL OFFICER
(D) DESCRIPTION OF TRANSACTION: THE CHIEF FINANCIAL OFFICER PERFORMED
SERVICES ON A CONTRACT BASIS. THESE SERVICES COMMENCED AFTER THE RENTAL
OF FACILITIES BEGAN, AS DESCRIBED BELOW. BOTH RELATIONSHIPS WERE FULLY
DISCLOSED AND APPROVED BY THE BOARD OF DIRECTORS AND FUNDING AGENCY TO
AVOID ANY APPEARANCE OF A CONFLICT OF INTEREST.
(A) NAME OF PERSON: HELM, INC.
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BUSINESS OWNED BY CHIEF FINANCIAL OFFICER
(D) DESCRIPTION OF TRANSACTION: RENTAL OF FACILITY USED AS AN OUTPATIENT
CLINIC.

Form	8868 (Rev. 4-2009)	· · · · · · · · · · · · · · · · · · ·			Page 2
• If y	/ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and che	ck this box			► X
	. Only complete Part II if you have already been granted an automatic 3-month extension on a previous				
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Pa	Additional (Not Automatic) 3-Month Extension of Time. Only file the original transfer of the control of the con	inal (no co	pies ne	eded).	
Туре	Name of Exempt Organization		Emplo	yer identificati	on number .
print	ST. JUSEPH S REHABILITATION CENTER, INC		14	-1536222	2
File by extend due da filing th	te for 159 GLENWOOD DRIVE (P.O. BOX 470)		For IR	S use only	······································
return.	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				·. ·
	sk type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 10 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 47			m 5227 m 6069	Form 8870
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on	a previous	ly filed	l Form 8868.	
Te	I request an additional 3-month extension of time until November 16, 2009.	If this EINs of all r ending	s is for membe	the whole group	is for.
7	State in detail why you need the extension Additional time is required to compile information a complete and accurate return.	n nec	essa	ary to p	repare
8a b	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.		8a 8b	\$	
с 	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See ins		8c	<u> </u>	N/A
Under	Signature and Verification r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements ue, correct, and complete, and that I am authorized to prepare this form.	s, and to the	best of	my kn owledge an	d belief,
Signa	ture > 1/1/2 LUNG P Slate2 Title > CPA		Date	> 8/6/09	<u> </u>
				Form 8868	3 (Rev 4-2009)